

## **A Checklist for the Preparation and Submission of Agency Pre-session Legislative Proposals**

This checklist is designed to help you prepare and submit your agency pre-session legislative proposals.

- \_\_\_\_\_ 1. If the legislative proposal is required by a federal law or regulation, have you enclosed a copy of the federal law or regulation?
- \_\_\_\_\_ 2. Have you contacted the Attorney General's Office concerning each proposal's constitutionality and possible conflicts with state and federal laws? Is the Attorney General's Office response to the proposal included in your submission?
- \_\_\_\_\_ 3. Have you contacted affected agencies and organizations and attached their responses to each proposal? Are responses attached?
- \_\_\_\_\_ 4. If you believe it is inappropriate to contact all affected agencies and organizations because of the nature of the proposal, **have you obtained an exemption from Bill Murray?** (Use the memo in Appendix A to submit your request and include a copy of the response in your submission package.)
- \_\_\_\_\_ 5. Have you checked each of your proposals for:
  - a. correct Code cites?
  - b. correct page numbers?
  - c. complete contents?
  - d. compliance with current executive orders?
- \_\_\_\_\_ 6. Have you prepared the proposal using the format required by these instructions?
- \_\_\_\_\_ 7. Did your Cabinet Secretary sign the package cover?

**INCOMPLETE PROPOSALS WILL BE RETURNED.**

## REQUIRED FORMAT: THE COVER SHEET

### 2006 Legislative Proposal

**Confidential Governor's  
Working Papers**

for

*[Your agency name, agency code]*

Approved by: _____	_____
Secretary of _____	Date _____

**Name**

**Title**

**Agency Head**

Office Phone \_\_\_\_\_ Beeper # \_\_\_\_\_ Home # \_\_\_\_\_ Fax # \_\_\_\_\_

**Legislative Liaison**

Office Phone \_\_\_\_\_ Beeper # \_\_\_\_\_ Home # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail address \_\_\_\_\_ Cell # \_\_\_\_\_

Additional Contacts  
if Needed:

**Proposal(s) #** \_\_\_\_\_ **Contact:** \_\_\_\_\_

Office Phone \_\_\_\_\_ Beeper # \_\_\_\_\_ Home # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail address \_\_\_\_\_ Cell # \_\_\_\_\_

**Proposal(s) #** \_\_\_\_\_ **Contact:** \_\_\_\_\_

Office Phone \_\_\_\_\_ Beeper # \_\_\_\_\_ Home # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail address \_\_\_\_\_ Cell # \_\_\_\_\_

# REQUIRED FORMAT: THE SUMMARY SHEET FOR ALL PROPOSALS

## *[Your agency name]* 2006 Session of the General Assembly

### Summary of Legislative Proposals

Proposal Identifier Number	Summary of Proposal	Resource Requirements		Impact	
		Funding	FTE	Perf Meas.	Regs
<i>[List the highest priority proposal first. See p. 12 for instructions.]</i>	<i>[Summarize the proposed changes to the code cites Use plain English and don't repeat the amended code cites.]</i>	<i>[Show expenditures by general and nongeneral funds.]</i>	<i>[Show needed FTE employment by general and nongeneral funds.]</i>	<i>[Type "YES" if the proposal affects your agency's performance measures.]</i>	<i>[Type "YES" if the proposal impacts current or requires new regulations.]</i>

# REQUIRED FORMAT: STATEMENT OF NEED FOR LEGISLATION

Proposal Identifier Number: \_\_\_\_\_

## (Agency Name Here) Statement of Need for Legislation

### GENERAL DISCUSSION

1. Need/Description/Objective:
2. Background:
3. Alternatives:
4. Support Governor's initiatives:
5. First day introduction:
6. Summary of opinion from the Office of the Attorney General (copy of letter attached):

### FISCAL IMPACT

7. **Does the proposal have a fiscal impact?** Check all the following that apply to this proposal. If "no," go to Item 11.

<input type="checkbox"/> No Fiscal Impact	<input type="checkbox"/> Expenditure Increase	<input type="checkbox"/> Expenditure Reduction	<input type="checkbox"/> Revenue Increase	<input type="checkbox"/> Revenue Reduction
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8. **Provide detailed breakout of the fiscal impact.**

**Fiscal Impact Estimates are:** (Choose one: **preliminary** or **final**.)

**8a. Expenditure Impact:**

<i><b>Fiscal Year</b></i>	<i><b>Dollars</b></i>	<i><b>Positions</b></i>	<i><b>Fund</b></i>
2005-06			
2006-07			
2007-08			
2008-09			
2009-10			
2010-11			
2011-12			

**8b. Revenue Impact:**

<i><b>Fiscal Year</b></i>	<i><b>Dollars</b></i>	<i><b>Positions</b></i>	<i><b>Fund</b></i>
2005-06			
2006-07			
2007-08			
2008-09			
2009-10			
2010-11			
2011-12			

9. **Can the fiscal impact be absorbed or is a budget amendment needed?**

Choose one: Yes or No. If a budget amendment is needed, list the impacted item(s) in the 2005 Appropriation Act.

10. **Describe methodology for calculating the fiscal impact.**

Be sure to explain how the expenditure or revenue estimates were calculated.

**OTHER IMPACTS**

11. **Family impact:**

12. **Impact on other affected agencies (attach correspondence)**

13. **Impact on political subdivisions:**

14. **Impact on other customers:**

## **REQUIRED FORMAT: THE PROPOSED DRAFT BILL**

*[Your agency name]*  
**2006 Session of the General Assembly**

**Proposal Identifier Number /\_\_\_\_\_/**  
**Draft Legislation**

Provide a draft of the affected legislation in the legislative bill format. Strike through language to be deleted and underline new language.